

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/11/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155049	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  01/06/2011
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NAME OF PROVIDER OR SUPPLIER  MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1630 S COUNTY FARM RD WARSAW, IN 46580
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

K 000

A Life Safety Code Recertification and State  
Licensure Survey was conducted by the Indiana  
State Department of Health in accordance with 42  
CFR 483.70(a).

Survey Date: 01/06/11

Facility Number: 000017  
Provider Number: 155049  
AIM Number: 100273830

Surveyor: Amy Kelley, Life Safety Code  
Specialist

At this Life Safety Code survey, Miller's Merry  
Manor was found not in compliance with  
Requirements for Participation in  
Medicare/Medicaid, 42 CFR Subpart 483.70(a),  
Life Safety from Fire and the 2000 edition of the  
National Fire Protection Association (NFPA) 101,  
Life Safety Code (LSC), Chapter 19, Existing  
Health Care Occupancies and 410 IAC 16.2.

This one story facility with a partial basement was  
determined to be of Type V (000) construction  
and was fully sprinklered. The facility has a fire  
alarm system with smoke detection in corridors,  
areas open to the corridors and single station  
battery operated smoke detectors in the resident  
rooms. The facility has a capacity of 137 and  
had a census of 104 at the time of this survey.

Quality Review by Robert Booher, REHS, Life  
Safety Code Specialist-Medical Surveyor on

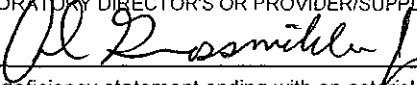
**APPROVED**

The facility was found not in compliance with the  
aforementioned regulatory requirements as

**RECEIVED**

JAN 24 2011

LONG TERM CARE DIVISION  
INDIANA STATE DEPARTMENT OF HEALTH

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADM W/RECTOR	(X6) DATE 1/21/11
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	Continued From page 1	K 000	Please accept this plan of correction as	
	evidenced by the following:		our credible allegation of compliance.	
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		
SS=D	Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1		K038	
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 1 of 1 laundry room exit discharge paths was readily accessible at all times. This deficient practice could affect all staff in the laundry room in the event of an emergency.		The portable shelving cart blocking the rear door exit in the laundry room was removed on 1/7/11. No residents were affected by this deficient practice. All residents potentially exiting the facility via the rear door exit in the laundry room could have been affected by this deficient practice. All facility exterior exit discharge pathways will be checked for blockage on a weekly basis for 4 weeks, then monthly thereafter using a Preventative Maintenance Form (see attachment A) & any findings will be added to the Quality Assurance Program. The Maintenance Supervisor or designee will be responsible.	
	Findings include:		Completion Date: 2/5/11	
	Based on an observation with the Maintenance Supervisor and the Director of Support Services on 01/06/11 at 12:57 p.m., the rear exit door in the laundry room was blocked by portable shelving carts. This was acknowledged by the Maintenance Supervisor at the time of observation.			
	3.1-19(b)			
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		
SS=F	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5			

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K 062	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 2 sprinkler systems were maintained in proper working order. Once obstructive material is observed during an investigation as described in NFPA 25, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems at 10-2.1., NFPA 25, 10-2.3 requires a complete flushing program shall be conducted. The work shall be done by qualified personnel. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on record review with the Maintenance Supervisor and the Director of Support Services on 01/06/11 at 11:25 a.m., the "Service Call Report" from the SafeCare interior pipe inspection on the sprinkler systems stated, "I checked crossmains above rms 8,23,9 on country manor Both systems need to be flushed". Based on an interview with the Maintenance Supervisor at the time of record review, there has not been a sytem flush on either of the systems.</p> <p>3.1-19(b)</p>	K 062	<p>K062</p> <p>No residents were directly affected by this deficient practice. This deficient practice could have potentially affected any residents located on the Country Manor or Rehabilitation Unit in the event of an emergency requiring the utilization of our fire sprinkler system. We respectfully request a temporary waiver to be issued until 5/31/2011, so that we can complete the flushing of our sprinkler system during a time when the risk of pipes freezing would be eliminated. We will submit paperwork indicating the completion of this task by 6/1/2011. The Maintenance Supervisor or designee will be responsible.</p> <p>Completion Date: 2/5/11</p>		